

02/12/01

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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
**Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EL540887070US

Attorney Docket No. UNIV0001C

First Inventor or Application Identifier Donoho et al.

**Title** Method and Apparatus for Computed Relevance...

Express Mail Label No. EL540887070US

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents.*

1.  **X** • Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  **X** Specification [Total Pages] **282**  
(preferred arrangement set forth below)
 

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.  **X** Drawing(s) (35 U.S.C. 113) [Total Sheets] **25**

4. Oath or Declaration [Total Pages] **2**

a.  Newly executed (original or copy)

b.  **X** Copy from a prior application (37 C.F.R. § 1.6  
(for continuation/divisional with Box 16 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a.  Computer Readable Copy
- b.  Paper Copy (identical to computer copy)
- c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))  
8.  37 C.F.R. §3.73(b) Statement  Power of  
*(when there is an assignee)*  Attorney  
9.  English Translation Document *(if applicable)*  
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
 Citations  
11.  Preliminary Amendment  
12.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*  
\* Small Entity  
13.  Statement(s)  Statement filed in prior application,  
*(PTO/SB/09-12)*  Status still proper and desired  
14.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*  
15.  Other: .....  
.....

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP)  of prior application No: 09 / 272,937

Prior application information: *Examiner* J. CARDONE

Group / Art. Unit: 2756

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which any oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **22862** or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>22862</b> <i>(Insert Customer No. or Attach bar code label here)</i>	or <input type="checkbox"/> Correspondence address below		
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Date	2/12/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 395.00)

## Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Donoho et al.
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	UNIV0001C

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 07-1445

Deposit Account Name Michael Glenn

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.172.  Payment Enclosed: Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	760	201 380 Utility filing fee	355.00
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	760	208 380 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$ 355.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
16	-20**	= 0	= 0.00
Independent Claims	4	- 3** = 1	× 40 = 40.00
Multiple Dependent			

\*\*or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 40.00)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	380	216 190 Extension for reply within second month	
117	870	217 435 Extension for reply within third month	
118	1,360	218 680 Extension for reply within fourth month	
128	1,850	228 925 Extension for reply within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	260	221 130 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,210	241 605 Petition to revive - unintentional	
142	1,210	242 605 Utility issue fee (or reissue)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	0.00
146	760	246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249 380 For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

SUBTOTAL (3) (\$ 0.00)

Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael Glenn	Registration No. (Attorney/Agent)	30,176	Telephone	650-474-8400
Signature				Date	2/12/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.